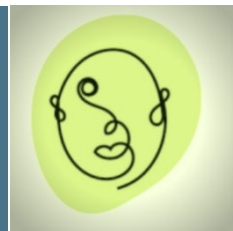


CHE Open Access + Travel and Training Schemes

APPLICATION FORM



Centre for Health Equity, Melbourne School of Population and Global Health, University of Melbourne

Applications must be submitted by **5.00pm on Monday 4 July 2022**

Please download this form to complete and send to [Kylie Gilmartin](#)

Title and Full Name:	
Job Title:	

Scheme:

Open Access Funding Scheme

Travel and Training Support Scheme

Eligibility Criteria

Staff member or PhD student in the Centre for Health Equity

MPH Capstone student whose primary supervisor is in the Centre for Health Equity

If you are applying for OA Scheme – are you the lead author?

If you are applying for travel for a conference are you presenting?

Do you have access to any other funds for this purpose?

Have approval of Supervisor

For Open Access Applications

1. What are the details of the paper you are publishing? Please include list of authors and title. What is the status of the publication, has this been published, under review, submitted etc.

2. What journal are you submitting your paper to?

For Travel and Training Applications

1. What are the details of your request (i.e. virtual conference, including conference name, dates and details of your presentation, website address etc)

2. If granted, how do you anticipate this funding will benefit your research project?

Budget

3. Provide a budget of the expenses you are applying for in the table below.

Expense (provide detailed breakdown)	Total cost	Amount received from other sources	Amount requested in this application
Total Costs			

Required documentation – please note that your application cannot be considered unless all supporting documentation relevant to your application is attached.

4. Please tick and attach any of the following (if relevant to your application):

Details of the publication and its status if submitted or previously paid

Training or professional development details, confirmation of enrolment, synopsis etc

For applications for travel support attach confirmation of acceptance of presentation

Other documents you consider to be relevant

Supervisor approval

Please indicate:

I support this application

Name: _____

Signature: _____

Date: _____